

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

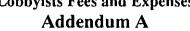
PLEASE PRINT

1. Name of Lobbyist(s) Stefani Reardon	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Harvard Pilanm Hatth Car. (Name of partnership, firm or corporation)	
93 Warcester Street Warcester MA Business Address: (Street) (Town/City) (State)	<u>0248 1</u> (Zip Code)
(67) <u>509-2313</u> () e-mail <u>Stefan</u>	11-reardon@havardp
III. This statement covers: (Choose one – file separate reports for each client, OR you may reportable expense transactions which are not attributable to any one client).	y file a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the	e following client:
Harvard Pilgrim Health Care (Full Name of Client as it appears on the Lobbyist Registration Form)	
OR	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying unrelated to any particular client.	firm listed below which are
IV. Date of Report April 24, 2019 July 31, 2019 July 31, 2019 activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19	
October 30, 2019	19
V. There have been no fees received and no reportable transactions made since the lf this box is checked, complete just this form and submit it to the Secretary of State's Office, St. Concord, NH 03301.	•
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A- Fees and Ex	
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B — Rep Expense Reimbursement	ort of Honorariums or
If you, your firm, or your family has made political contributions, you must file Addendur	n C– Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the for and complete to the best of my knowledge and belief. 4123 12 019	-
(Signature of lobbyist) (Signature of lobbyist) (Date	
Stefan Rearclan (Print Name of lobbyist)	RECEIVED
	RECEIVED APR 2 4 2019
	NEW HAMPSHIRE DEPARTMENT OF STATE

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses



(RSA Chapter 15:6)

I Name of the later of the Cook of the Later	
I. Name of Lobbyist(s) Stefani Brandon	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Harvard Priann Hro Itn Care (Name of partnership, firm or corporation)	
III. Name of Client Harvard Prignon Health Care	Date 4 22 2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ <u>9500.00</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>O</u> ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>9500,00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$_ <u>O</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for it of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
c) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ſ)\$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	4 22 2019 (Date)
Stefani Beardon (Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

	d contribution, provide ribution on the line abo		(Middle Name/Initial) Seeking ds or services provided, and enter the actual cost is not known. (Middle Name/Initial)
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and the contribution of the content of the contribution of the co	d contribution, provide	Office Candidate is	Seeking
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	d contribution, provide	Office Candidate is	Seeking
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	d contribution, provide	Office Candidate is	Seeking
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	d contribution, provide	Office Candidate is	Seeking
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	d contribution, provide	Office Candidate is	Seeking
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	d contribution, provide	Office Candidate is	Seeking
Amount of contribution \$	· · · · · · · · · · · · · · · · · · ·	Office Candidate is	Seeking
_	,	, ,	,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
actual cost of the in-kind cont enter an estimated value and t		ve for amount of contribu	ution. If the actual cost is not know
If the contribution is an in-kin	nd contribution, provide	a description of the good	ds or services provided, and enter the
Amount of contribution \$ 10	∞,00	Office Candidate i	s Seeking State Server
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of aundidates	NIL Samue De		
	<u></u>		
client/lobbyist and lobbying			<i>p</i>
Political Contributions For each political contribut	ion that is reportable	pursuant to RSA Chap	ster 664 paid on behalf of the
18	and hilding the	Ho Car	Date 4 22 7 019
III. Name of Chent Mary			B . 111 1
III. Name of Client Harvo			
Harvard Pragm 1 (Ninne of parts III. Name of Client Harvo			
	tro Itm Carz nership, firm or corporation)	poration, if any:	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) Stefani Peardon (Print Name of lobbyist)

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